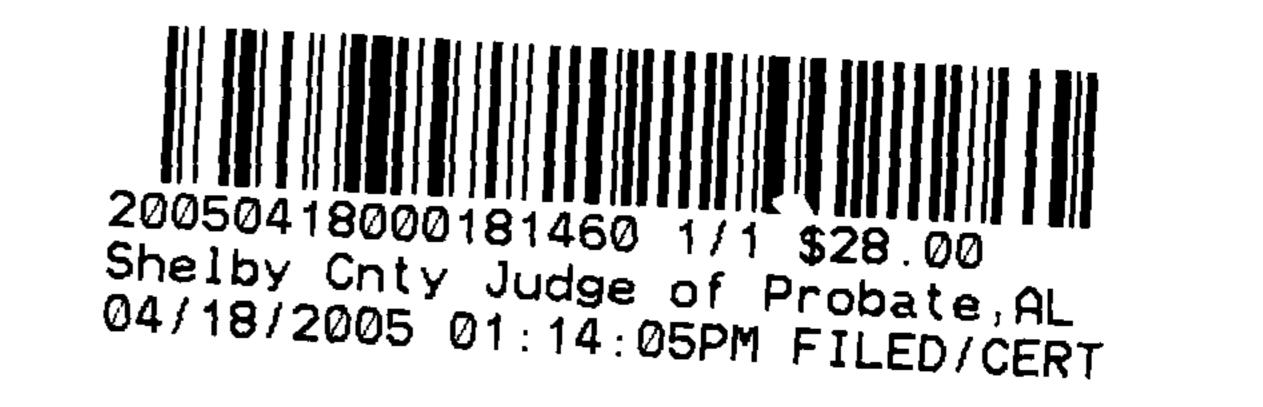
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UCC FINANCING STATEMENT AMENDMENT

SEND ACROMOTOR DEMONSTRATE (PARTIES OF A STATE OF A STA	OLLOW INSTRUCTIONS (front and back) CAREFULLY			
SEND ACKNOWLEDGMENT TO, (Name and Address)	A NAME & PHONE OF CONTACT AT FILER [optional] Katie Suzelis (330)872-0918 Ext. 328	2		
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INVITAL FRANCING STATEMENT FREE # 2000-18616, filed 06-06-2000 with Shelby County, Al. TERMINATION: Emblayeas of lier financing Statement confidence in terminated with respect to security intervals); of the Sexual Park schulding the Terminated Statement is continued for the additional ericid serviced by appetite the continued for the additional ericid serviced by appetite the continued for the additional ericid serviced by appetite the continued for the additional ericid serviced by appetite the service of the additional ericid serviced by appetite the service of the additional ericid serviced by appetite the service of the additional ericid serviced by appetite the service of the additional ericid serviced by appetite the service of the additional ericid serviced by appetite the service of the additional ericid serviced by appetite the service of the additional ericid serviced by appetite the service of the additional ericid serviced by appetite the service of the additional ericid serviced by appetite the service of the additional ericid serviced by appetite the service of the additional ericid serviced by appetite the service of the additional ericid serviced by appetite the service of the additional ericid serviced by appetite the service of the additional ericid serviced by appetite the service of the additional ericid services and services are added to the additional services and services are added to the service of the services and services are added to the service of the services and services are added to the services and services are added to the	B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
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SOCIATIONATION: Executed Party authorizing this Continuation Statement for the additional period provided by applicable invocantionate of the additional period provided by applicable invocantionate in them 8 and on the 2 and also give name of assignor in item 8. AMENDMENT (FARTY INFORMATION): The Amendment affects policy for the Amendment affects period and the period of the additional provided apply policy for the action and the period of the additional provided apply policy and period provided provided apply policy and period provided prov	2000-18616, filed 06-06-2000 with She	elby County, AL		-
ASSIGNATE Title or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignoe in item 9; AMENDMENT (PARTY INFORMATION): This Amendment infects District or Socured Party of record. Check only one of these two boxes. Assocrete logs of the following three boxes and provide appropriate information in torus 6 and/or 7. Assocrete logs of the following three boxes and provide appropriate information in torus 6 and/or 7. Assocrete logs of the following three boxes and provide appropriate information in torus 6 and/or 7. Both Carlot of the following three boxes and provide appropriate information in torus 6 and/or 7. Both Carlot of the following three boxes and provide appropriate information in torus 6 and/or 7. Both Carlot of the following three boxes and provide appropriate information in torus 6 and/or 7. Both Carlot of the following three boxes and provide appropriate information in torus 6 and/or 7. Both Carlot of the following three boxes and provide appropriate information in torus 6 and/or 7. Both Carlot of the following three boxes and provide appropriate information in torus 6 and/or 7. Both Carlot of the following three boxes and following three				
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Also check 20g of the following three boxes and provide appropriate information in terms 6 and/or 7. Indicate 20g of the following three boxes and provide appropriate information in terms 6 and/or 7. Indicate 20g of the following three boxes and provide appropriate information in the following of the followin				
SCHAMBED (NEW) OR ADDED INFORMATION: Ta_ORGANIZATION'S NAME	CHANGE name and/or address: Give current record name in item 6a or 6b name (if name change) in item 7a or 7b and/or new address (if address change). CURRENT RECORD INFORMATION:		d name: Complete ite 3b. item 7c: also complete ite	m 7a or 7b, and also ms 7d-7g (if applicable
TAX ID #: SSN OR EIN ADDILINFO RE Te. TYPE OF ORGANIZATION Tr. JURISDICTION OF	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
The NORMOLES ADDITIONS NAME FIRST NAME	· · · · · · · · · · · · · · · · · · ·			
AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Amendment authorized by a Debtor whice addes collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME The Cadle Company II, Inc. FIRST NAME FIRST NAME MIDDLE NAME SUFFIX	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor whice adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME The Cadle Company II, Inc. Pirst NAME FIRST NAME MIDDLE NAME SUFFIX	c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
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	OPTIONAL FILER REFERENCE DATA			

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